

PRE-QUALIFICATION AND CONTRACT FOR CARPOOL PARKING

PRIMARY CONTACT	Tag # _____
Name:	Work Dept/Div.:
Home Phone:	Work Bldg. & Rm. #:
Home Address:	Work Phone:
E-Mail Address:	
ADDITIONAL RIDERS	
Name:	Work Dept/Div.:
Home Phone:	Work Bldg. & Rm. #:
Home Address:	Work Phone:
E-Mail Address:	
Name:	Work Dept/Div.:
Home Phone:	Work Bldg. & Rm. #:
Home Address:	Work Phone:
E-Mail Address:	
Name:	Work Dept/Div.:
Home Phone:	Work Bldg. & Rm. #:
Home Address:	Work Phone:
E-Mail Address:	
Name:	Work Dept/Div.:
Home Phone:	Work Bldg. & Rm. #:
Home Address:	Work Phone:
E-Mail Address:	

Conditions of Carpool Parking:

1. All hangtags must be renewed every 6 months on July 1st and January 1st. You will be notified 2 weeks prior to renewal date that you need to re-apply for your hangtag.
2. All riders must work in the Capitol Complex (Truman Building, JCK State Information Center, Capitol Building, Broadway Building, EDP/Health Lab, MODOT Building Jefferson Building)
3. All carpool hangtags must be visible at all times from front of windshield.
4. If ridership drops below 3 riders the Division of Facilities Management, Design and Construction will be notified immediately (573-751-3249 or by email at FMDCCCServices@oa.mo.gov). Failure to do so will result in termination of carpool parking privileges.
5. Transfer of hangtags to drivers not identified on this agreement will result in termination of carpool parking privileges.
6. If there are any changes in rider information of anyone listed on the application, the Division of Facilities Management, Design and Construction will be notified immediately (573-751-3249 or by email at FMDCCCServices@oa.mo.gov). Failure to do so will result in termination of carpool parking privileges.
7. Continued complaints regarding low ridership will result in termination of commuter parking privileges. It is up to the primary driver and the additional riders to coordinate the tag between one another if the primary driver is unable to drive on a certain day.

I AGREE TO THE ABOVE TERMS AND CONDITIONS:

Signature: _____

Date: _____

Complete and return application to: HST Room 740 or fax to: (573) 526-9821